Consumer Satisfaction Questionnaire
Parent-report

Date____________________

Patient’s Name ____________________________

Person Completing Form ____________________________

Relationship to Patient ____________________________

Therapist’s Name______________________________

The following questionnaire is part of our evaluation of the treatment program that you have received. It is important that you answer as honestly as possible. The information obtained will help us to evaluate and continually improve the program we offer. Your cooperation is greatly appreciated. Please complete this form for every therapist you have worked with at BPA.

I would like this information to be private and confidential ____

I am comfortable having you share this information with the above mentioned therapist____

A. The Overall Program

Please circle the response that best expresses how you honestly feel.

1. The major behavioral health issue(s) that originally prompted me to begin treatment is (are) at this point

considerably worse  worse  slightly worse  the same  slightly improved  improved  greatly improved
2. My child’s behavioral health issues that **have** been treated at BPA are at this point

considerably worse  worse  slightly worse  the same  slightly improved  improved  greatly improved

3. My child’s behavioral health issues that **have not** been treated at BPA are

considerably worse  worse  slightly worse  the same  slightly improved  improved  greatly improved

4. My feelings at this point about my child’s progress are that I am

very dissatisfied  dissatisfied  slightly dissatisfied  neutral  slightly satisfied  satisfied  very satisfied

5. To what degree has treatment helped with other general personal or family problems not directly related to your child?

hindered more than helped  hindered  hindered slightly  neither helped nor hindered  helped slightly  helped

helped very much

6. At this point, my expectation for a satisfactory outcome in treatment is

very pessimistic  pessimistic  slightly pessimistic  neutral  slightly optimistic  optimistic  very optimistic

7. I feel the overall approach to treating my child’s behavioral health is
very inappropriate inappropriate slightly inappropriate neutral slightly appropriate appropriate very appropriate

8. Would you recommend BPA to a friend or relative?

strongly not recommend not recommend slightly not recommend neutral slightly recommend recommend

strongly recommend

9. How confident are you in managing current behavioral health challenges on your own?

very unconfident unconfident somewhat unconfident neutral somewhat confident confident very confident

10. How confident are you in your ability to manage future behavioral health challenges using what you learned at BPA?

very unconfident unconfident somewhat unconfident neutral somewhat confident confident very confident

11. My overall feeling about the treatment program for my child and family is

very negative negative somewhat negative neutral slightly positive positive very positive

B. Therapist(s)
In this section we’d like to get your ideas about your therapist. Please circle the response to each question that best expresses how you feel.

1. The therapist’s preparation was

poor          fair           slightly below average         average         slightly above average         high           superior

2. Concerning the therapist’s interest and concern in my child, I was

extremely dissatisfied       dissatisfied        slightly dissatisfied         neutral        slightly satisfied                extremely satisfied

3. At this point, I feel that the therapist at BPA was

extremely not helpful     not helpful      slightly not helpful      neutral         slightly helpful     helpful      extremely helpful

4. Concerning my personal feelings toward the therapist

I dislike him/her very much        I dislike him/her        I dislike him/her
slightly         neutral feelings toward him/her

I like him/her slightly            I like him/her           I like him/her very much

C. Your Opinion Please

1. What part of working with a therapist at BPA was most helpful to you?
2. What did you like the most about your experience at BPA?

3. What did you like the least about your experience at BPA?

4. What part of the program was least helpful to you?
5. How could the program have been improved to help you more?

Thank you. Please either drop this off or send this form to: Ronald S. Dachman, Ph.D., Behavioral Psychology Associates, P.C., 1920 Thoreau Drive North, Suite 151, Schaumburg, Il 60173